S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28302

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3746

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1118 Westport Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1118 Westport Road

3. NAME OF DECEASED (Type or Print)
a. (First): SIDNEY
b. (Middle): F.
c. (Last): SMITH

4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/15/1886
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Work
10b. KIND OF BUSINESS OR INDUSTRY: Prop.-Smith Sheet Metal Works.
11. BIRTHPLACE (State or foreign country): Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: William Smith
13b. MOTHER'S MAIDEN NAME: Della Fullerton
14. NAME OF HUSBAND OR WIFE: Mrs. Alma Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-36-7395
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Alma Smith, 1118 Westport Road

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete atrioventricular block — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Partial atrioventricular block — 1 year +
DUE TO (c) Arteriosclerotic heart disease — 1 year +

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 13, 1952 *to* Aug 21, 1952, *that I last saw the deceased alive on* Aug 18, 1952, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Herbert Shuey (Degree or title) M.D.
23b. ADDRESS: 3903 Brooklyn
23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/23/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 8-22-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FREEMAN MORTUARY & CHAPEL, K.C., MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert Shuey - 3901 Brooklyn
2-7 pm.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Walter H. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 4352

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.